



PERMIT NO. _____

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF NATURAL HERITAGE

GINSENG DEALER REGISTRATION AND PERMIT

I, _____
Name of Dealer and Title - President, Owner, etc.

and, _____
Name of Dealer's Agent Dealer's Initials for Approval

of _____
Name of Business or Organization

Dealer's Address - Street or Post Office Box Number

City State

Zip Code Phone

hereby make application for a **Ginseng Dealer's Permit** in accordance with the **Tennessee Ginseng Dealer's Act, Chapter 445, Public Acts of 1983.**

I hereby certify that the information given above is true and correct to the best of my knowledge and belief. I further certify that I am familiar with and will abide by the laws, rules and regulations governing the purchase, sale and export of wild, woods grown and cultivated ginseng.

Signature of Dealer Date

Do Not Write Below This Line

Approved this _____ day of _____, 19_____

by _____, Director, Division of Natural Heritage,

Tennessee Department of Environment and Conservation.

THIS PERMIT IS VALID FOR THE PERIOD FROM AUGUST 15, 19____, OR THE DATE OF ISSUANCE, TO AUGUST 14, 20____. PERMITS ARE ISSUED ON AN ANNUAL BASIS.

This registration and permit form should be sent to the **Division of Natural Heritage, Tennessee Department of Environment and Conservation, 14th Floor, L&C Tower, 401 Church Street, Nashville, Tennessee 37243-0447.**